

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 10/659413 FILING DATE

APPLICANT(S)

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
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49					
50					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

CLAIMS

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
53			
54			
55			
56			
57			
58	3		
59	1		
60	1		
61			
62			
63			
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95			
96			
97			
98			
99			
100			
TOTAL IND.	4		
TOTAL DEP.	28		
TOTAL CLAIMS	32		